PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number					
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN													
ŀ	OTAL CLAIM	c	(Cotun		(Column 2)			TYPE		OF		SMALL ENTITY	
			+	၅ ဆ				RATE		4	RATE.	FEE	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 385.0	OF	BASIC FE	770.00	
TOTAL CHARGEABLE CLAIMS			23 m	23 minus 20≈		3		XS 9=		OF	X\$18=	54	
INDEPENDENT CLAIMS			\ minus 3 =					X43=	1 .	OR	X86=		
M	ULTIPLE DEPE	ENDENT CLAIM F	PRESENT			四		+145=		OR	+290=	290	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR		1114	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3						(Column 3)	•	SMALI	LENTITY	OR	OTHER	THAN	
ENTA		CLAIMS REMAINING AFTER AMENDMENT		PREVIO	SY IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL FEE	
AMENDMENT	Total		Minus			·		X\$ 9=		OR	X\$18=		
	Independent	· >>	Minus.	41	1 (-		X43=	1:	OR	X86=		
	FIRST PRES	ENTARION OF M	ULALIE DE	PENDENT	CLAIM		 -		1/	HOH			
	1						L	+145=	<u>/</u>	OR	+290£		
\langle	11015			:			A	ADDIT. FEE OR ADDIT. FEE					
	 	(Column 1) -CLAIMS	T	(Colum	5 T	(Column 3)	ı		ADDI-	1		4550	
AMENDMENT B		REMAINING AFTER AMENDMENT		PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.23	Minus	-)	3	- /		X\$ 9=	/	OR	X\$18=	/.	
AME	Independent	• /	Minus		3	• /.		X43= ·	1/	OR	X86=	/	
	ring i Phese	NTATION OF ML	ALTIPLE DE	ENDENT (AAIM		 	+145=	/.	OR	+290=		
			•	•	,	<i>/</i> .	ا۔ مف	TOTAL XOIT, FEE		OR	YOYAL NDOTT, FEE		
•		(Column 1)		(Columi		(Cotumn 3)	7	7		•	<i>/</i> .		
<u> </u>		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE! NUMBE PŘEVIOU PAID FO	A SLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	•	Minus	-			+	XS 9=	FEE		X\$18=	FEE	
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₹	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT C	MIAL		L	X43=.		OR	X86=		
		1	145 =	,	OR	+290=	. 1						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE													
T	he Highest Num	imer Previously Paid ber Previously Paid	FOF (Total or	o SPACE is li Independent	ess than } is the f	ighest number			propriate box				

FORM PTO-878 (Rev. 1003)

Parent and Trademark Office, U.S. DEPARTMENT OF COMMERCE